

**DR-2 Disclosure Summary Page****DR-2**

|  |               |                           |           |                |
|--|---------------|---------------------------|-----------|----------------|
| <b>IOWA MEDICAL POLITICAL ACTION COMMITTEE</b> |               | <b>Status:</b>            |           | <b>Audited</b> |
| <b>Committee Type:</b>                         | Iowa PAC      | <b>Statutory Due Date</b> | 7/19/2007 |                |
| <b>County:</b>                                 | Polk          | <b>Adjusted Due Date</b>  |           |                |
| <b>District:</b>                               | 0             | <b>Filed Date</b>         | 7/13/2007 |                |
| <b>Committee Code:</b>                         | 6073          | <b>Postmark Date</b>      |           |                |
| <b>Political Party:</b>                        | Not Available | <b>Amendment Date</b>     |           |                |
| <b>Report Date:</b>                            | 2007          | <b>Candidate Name:</b>    |           |                |

**Treasurer**

|                   |                         |                    |         |                  |                            |
|-------------------|-------------------------|--------------------|---------|------------------|----------------------------|
| <b>Last Name:</b> | SCHULTHEIS              | <b>First Name:</b> | KENNETH | <b>MI:</b>       | P                          |
| <b>Address:</b>   | 1001 GRAND AVENUE       |                    |         |                  |                            |
| <b>City:</b>      | WEST DES MOINES         | <b>State:</b>      | IA      | <b>Zip Code:</b> | 50265- Phone: 515-223-1401 |
| <b>E-Mail:</b>    | dpotter@iowamedical.org |                    |         |                  |                            |

**Chairperson**

|                   |                          |                    |         |                  |                            |
|-------------------|--------------------------|--------------------|---------|------------------|----------------------------|
| <b>Last Name:</b> | ABRAMS                   | <b>First Name:</b> | MICHAEL | <b>MI:</b>       | D                          |
| <b>Address:</b>   | 1001 GRAND AVENUE        |                    |         |                  |                            |
| <b>City:</b>      | WEST DES MOINES          | <b>State:</b>      | IA      | <b>Zip Code:</b> | 50265- Phone: 515-223-1401 |
| <b>E-Mail:</b>    | mdabrams@iowamedical.org |                    |         |                  |                            |

**Statement of Cash On Hand**

|   |                    |
|---|--------------------|
| <b>Cash on Hand at Start of Period</b>      | <b>\$44,206.30</b> |
| <b>Schedule A: Cash Contributions Total</b> | \$47,449.79        |
| <b>Schedule F1: Loans Received Total</b>    | \$0.00             |
| <b>Schedule H2: Campaign Property Sales</b> | \$0.00             |
| <b>Sub-Total</b>                            | <b>\$91,656.09</b> |
| <b>Schedule B: Expenditure Total</b>        | \$18,820.00        |
| <b>Schedule F2: Cash Loan Repayments</b>    | \$0.00             |
| <b>Cash on Hand at End of Period</b>        | <b>\$72,836.09</b> |

**Additional Assets and Liabilities**

|   |        |
|---|--------|
| <b>Loans in Place at Start of Period</b>    | \$0.00 |
| <b>Schedule D: Unpaid Bills</b>             | \$0.00 |
| <b>Schedule E: In-Kind Contributions</b>    | \$0.00 |
| <b>Schedule F2: Forgiven Loans</b>          | \$0.00 |
| <b>Schedule F2: Outstanding Loans</b>       | \$0.00 |
| <b>Schedule G: Consultant Breakdown</b>     | No     |
| <b>Schedule H1: Campaign Property Value</b> | \$0.00 |